



**2024-25 HERMISTON AAU BASKETBALL CLUB**

**PLAYER REGISTRATION FORM**

**PLEASE RETURN TO COACH WITH REGISTRATION FEE OF \$125.00**

\_\_\_\_\_  
Player Last Name                      First Name                      Birthdate                      Grade on 9/1/24                      Male/Female

\_\_\_\_\_  
Player Address (*players must be in good standing at a Hermiston School*)                      City,                      State,                      Zip

\_\_\_\_\_  
Telephone                      Email address (print neatly)

\_\_\_\_\_  
Current AAU Team/Coach Name                      School Attending                      Jersey Size                      Short Size  
(Youth or Adult ~ Small, Medium, Large)

\_\_\_\_\_  
Parent #1/Guardian Name                      Parent Cell Phone #

\_\_\_\_\_  
Parent #2/Guardian Name                      Parent Cell Phone #

\_\_\_\_\_  
Emergency Contact                      Relationship to player                      Contact Phone Number

\_\_\_\_\_  
Medical Insurance Carrier & Policy Number                      Physician                      Dr. Telephone

Does this player have any current injuries or minor physical limitations or other medical conditions a coach should know about? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list:

\_\_\_\_\_  
I hereby authorize each of the coaches, team parents and/or other officials of Hermiston AAU Basketball Club to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above named emergency contact to consent to medical, surgical or dental examination and/or treatment.

I acknowledge that participation in basketball necessarily involves travel, contact with considerable force, and risk of severe, permanent physical injury. I willingly and voluntarily accept and assume all such risks.

\_\_\_\_\_  
Parent/Guardian                      Date